PTQ(\$B06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respon PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875												OMB control numbe		
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Г	FOR		NUMBER FILED		NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1 16(a), (b),	or (K))	N/A		N/A		1	N/A		1	N/A			
	SEARCH FEE (37 CFR 1, 160k), (i),	or (m))	N/A			N/A		N/A]	N/A			
	EXAMINATION FE (37 CFR 1 16(e), (p),		N/A			N/A		N/A]	N/A			
TO:	TAL CLAIMS CFR 1,16(i))		minus 20 =		· -			x s =		OR	x s =			
	EPENDENT CLAIN CFR 1.16(b))	ts	menus 3 =		· [-			x s *		1	x s =			
	APPLICATION SIZE (37 CFR 1 16(a))		If the specification and drawing; sheets of paper, the application is \$250 (\$125 for small entity) it additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C AM PRESENT (37 CPR 1,19m)			n size fee due for each n thereof, See								
1	MULTIPLE DEPER					1	TOTAL	_	1	TOTAL				
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMAL	LENTITY	OR		ER THAN ALL ENTITY		
AMENDMENT	01/17/2008	REMAINI AFTER AMENDA		NUM PRE	BER VIOUSLY FOR	PRESENT EXTRA		RATE (5)	ADDITIONAL FEE (S)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (97 CFR 1 1600	· 47	Mi	nus 4	7	= 0	П	x s =		OR	X \$50=	0		
	Independent QZ CFR 1 19000	• 4	Mnus ***4			= 0]	x \$ =		OR	X 5210=	0		
	Application Size Fee (37 CFR 1 16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(1)									OR				
Γ							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
AMENDMENT		CLAIN REMAIN AFTE AMENDA	ING R	H. NI PRE	OHEST UMBER VIOUSLY ID FOR	(Column 3) PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE(\$)	ADDITIONAL FEE (\$)		
	Total grore		Mi	nus			1	x s *		OR	X \$ =			
	Independent (87 CFR 1 1988))		Me	N/S ***]	x s =		OR	x s =			
EN I	Application Size Fee (37 CFR 1.16(s))]			1				
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (37 CFR 1.16(8)						1			OR				
11	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN TRES SPUCE is less than 20, enter "20". If the "Highest Number Previously Tail For IN T								nstrument EX		TOTAL ADD'L FEE			
	The "Highest Number F							d in the appre	opeiate box in colu	mn 1.				

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Representation of Patients

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